DOCUMENT RESUME

ED 211 917 CG 015 710

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TITLE Uses of Assertiveness Training for Women in Midlife Crises.
PUB DATE 26 Aug 81
NOTE 10p.; Paper presented at the Annual Convention of the American Psychological Association (89th, Los Angeles, CA, August 24-26, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adult Development; Anxiety; *Assertiveness; Cognitive Development; *Counseling Techniques; *Depression (Psychology); *Females; Middle Aged Adults; *Midlife Transitions; Self Concept; State of the Art Reviews

ABSTRACT

Midlife crises require different behavioral responses for women who have made decisions about marriage, motherhood, and career. For women experiencing midlife crises, assertiveness training has the potential to resolve conflicts. Assertiveness training (AT) consists of three components, i.e., skills training, anxiety reduction, and cognitive restructuring. The three major settings in which assertiveness training can occur include therapy, training, and self-help. Assertiveness training can help women deal with such problems as compassion traps, depression, new responsibilities, dating, job-related conflicts, and self-esteem. For each problem, the AT component receiving most stress by the therapist and the order in which the components are introduced should be determined by the nature of the problem and the life history of the individual. (RC)

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USES OF ASSERTIVENESS TRAINING FOR WOMEN IN MIDLIFE CRISES

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CG 015710

Paper presented at the Annual Convention of the American Psychological Association, Los Angeles, CA, August 26, 1981.

USES OF ASSERTIVENESS TRAINING FOR WOMEN IN MIDLIFE CRISES

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Presented at the American Psychological Association Annual Convention,
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Socialization messages received by young women have been well documented as leading to passive-dependent patterns of behavior as well as to a greater degree of depression and learned helplessness in women than in men.

Five major decision patterns for women in early adulthood include: marriage and motherhood followed by career development; career development followed by marriage and motherhood; concurrent marriage, motherhood and career; marriage and motherhood without a career; career without marriage or motherhood. While each of these patterns require different behavioral responses and different adjustments at midlife, Judith Bardwick (1980) has pointed out that they may all require responses based on a common psychological dynamic for women in American society.

Midlife crises require different behavioral responses for women who have made each of the above decisions. Women who have combined marriage, motherhood and careers (regardless of which was developed first) will likely enter midlife crises concerned about whether they have been effective in any of their roles. This will include potential anger at self and others who may be perceived as partially responsible for this conflict. Women who have not had marriage and motherhood experiences will need to resolve issues

related to self identity as a female regardless of career success. This self identity question, while taking potentially different forms, will exist both for the woman who has remained single by choice, the woman who has remained single for lack of opportunity, and the woman who has a lesbian identity which she has not been free to openly demonstrate through stable relationships. And finally, the woman who has not had a career will be approaching the "empty nest" period during which her children who have been a major focus in her life will leave her. Further, her marriage may terminate and leave her without a spouse as well. In short, her entire reason for being may be gone in mid-life, necessitating new focus and definition.

Both Silverman (1981) and Walker (1981) have outlined some of the crises and clinical needs of women at midlife. While definitions of midlife differ from author to author, perhaps the most reasonable definition is the client's own view. If a woman feels she is in midlife, her own perceptions should be treated as accurate. Outside pressures from family, co-workers, media and society will impact both when a woman feels she has reached midlife and how she responds to aging. It should be acknowledged that societal definitions are critical: behaviors which would be seen as normal in youth may be seen as unusual or chaotic in early adulthood, as symbols of personal crises in midlife, and as signs of senility in late life. That is, the same behaviors will be given different definitions by society depending on the age of the person exhibiting them.

For clients who present themselves as experiencing midlife crises, assertiveness training has the potential of resolving conflicts. First, it will help women resocialize their attitudes about themselves and their appropriate roles; secondly, it will help develop new behavioral responses

both for themselves and toward others; thirdly, it will help women develop their own best options; and finally, it will help them enact those options. Assertiveness training can be implemented either clinically or non-clinically depending on the woman's needs and the abilities of the helper to whom she turns.

Definitions of assertiveness may also differ depending on the person, the situation, and the cultural context. This author defines assertiveness as a behavioral repertoire which allows a person to act in her own best interest without undue anxiety and without violating the rights of other people. Because of the effects of female socialization and the resulting dynamics, such behavior often needs some training and guidance. There are three areas in which women generally have difficulty with assertiveness if they have reached midlife through traditional female socialization. First, a woman may have difficulty knowing what she wants or needs since her decisions have so often been based on the needs of others rather than her own needs; secondly, a woman may have difficulty clarifying the rights of others since she has usually seen any request others make of her as being legitimate; and thirdly, a woman may have trouble enacting assertive behaviors which are new and often frightening, especially if they are seen as contrary to the needs of others.

Assertiveness training has three key elements:

The first element is skills training during which specific behaviors are taught, practiced and integrated into the trainee's behavioral repertoire.

The second element is anxiety reduction which can be done directly or indirectly as a by-product of skills training. Most assertiveness authors point up the value of conducting anxiety reduction prior to skills training so the nonassertive behavior is not reinforced as a result of the

anxiety produced by assertiveness.

The final element of assertiveness training is cognitive restructuring during which values, beliefs, cognitions, and/or attitudes are changed through insight, exhortation or behavioral achievements.

The three major settings in which assertiveness training can occur include therapy, training and self help. Caution must be taken not to confuse the three. While many people are outstanding trainers, they may not be therapists and should not be attempting therapeutic modes. Conversely many therapists may not know enough about assertiveness to include such training within the therapeutic setting. Some women may be strong enough to learn assertiveness through self help manuals without the support of therapy or training. Given the strength of sex-role socialization for women in this society, however, self-help may be most effective in maintaining assertiveness following therapy or training. The point here, of course, is that the therapist or trainer who has the first contact with a client must help her assess her needs and be willing to refer her to someone else if her needs are best met elsewhere.

Midlife crises will be affected by each woman's history of marital status, parenthood, education, career, and the types of losses she experiences entering midlife (e.g., loss of children, spouse, significant other, parents, job, etc.). Each woman will require all three elements of assertiveness training (skills training, anxiety reduction and cognitive restructuring), although the element receiving most stress by the trainer/therapist and the order in which the elements are introduced will be determined by the individual client history.

We will now review six major presenting problems for women in midlife crises and examine how assertiveness training might best assist women with these issues.

Compassion Traps. The woman who reaches midlife following years of caring for others and ignoring her own needs may experience intense anger, confusion or depression. For this woman, assertiveness training should begin with cognitive restructuring. This can be conducted through discussion of questions regarding whether she is really helping others by always caring for them, what she pays when she gives consistently at the expense of her own happiness, whether such caring has created an unhealthy dependency or resentment toward her and by her when she does not get what she needs in return. Once this client is able to differentiate between healthy and unhealthy caring, and to define her own needs and rights, she will be prepared to move into anxiety reduction and behavioral skills training.

Depression. At midlife, a woman may decide to begin taking control of her life through returning to school or work, changing jobs, or otherwise filling her own needs. She may have difficulty effectively communicating these changes to significant others in her life who have grown accustomed to her passive, nurturant behaviors. Refusal of others to validate her needs may result in feelings of helplessness and depression. If a woman has not married or had children, a sense of lost opportunities due to aging is quite likely to produce depression; further, the single woman may have few people available who understand her sense of lost opportunity. Lesbians may feel isolated and unable to discuss these crises if they have protected their sexual identity in order to protect careers or personal relationships. Depending on the degree of the depression and available personal support systems, this woman may need therapeutic intervention prior to assertiveness training. If assertiveness training is adequate to meet her needs it should most likely begin with cognitive restructuring followed by anxiety reduction and skills training.

New Responsibilities. Midlife may bring new responsibilities because a woman loses her significant other through termination of a relationship or death. This woman may find herself suddenly coping with a wide variety of demands from house and car repair, to financial management, to returning to school or work. These new responsibilities are often overwhelming and require that a woman learn to cope for herself as well as learning to ask for help when she is unable to cope or needs to learn new skills. For this woman assertiveness should begin with skills training in asking for help, setting limits for herself and others, and time management. Cognitive restructuring and anxiety reduction may occur concurrently or following skills training.

Dating. If a woman has lost a significant others, experienced widowhood or divorce, she may find herself dating in midlife for the first time in years. Dating is anxiety producing the first time around--after years of stability in a marriage or relationship, it can be even more frightening. The difficulties of dating experienced in adolescence or early adulthood are now exacerbated by societal messages which tell us that women in midlife are losing physical attractiveness; these messages create anxiety and self image questions for the woman who finds herself dating at midlife. The key element for this woman may be anxiety reduction followed by cognitive restructuring and skills training.

Job Related Problems. If midlife brings re-entry into the job market, promotional or job changes, women may need simple skills training in effective communication during interviews for jobs or promotions. While cognitive restructuring and anxiety reduction are important in seeing herself as worthy of a job or promotion, the important key element is most likely to be skills training.

Self Esteem. Self esteem is an issue for women at any age; midlife crises may throw self esteem into disarray as a woman attempts to

redefine herself and the world around her. Stake and Pearlman (1980) have demonstrated that assertiveness is an effective way of improving self esteem for women especially if it is focused on performance and receives support from significant others in the woman's life.

In summary, women experiencing midlife crises may need therapy or they may be assisted through assertiveness training without therapy. In either event, assertiveness training can be an important tool in helping women through many crises of midlife.

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